

PART B - FEE(S) TRANSMITTAL



PART B - FEE(S) TR
Complete and send this forms ogether with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

appropriate. All further conindicated unless corrected b maintenance fee notification	elow or directed otherwise	Patent, advance ordin Block 1, by (a)	ders and notification of the specifying a new	on of maintenance fees correspondence address	will be mailed to the current ss; and/or (b) indicating a sepa	correspondence address as arate "FEE ADDRESS" for				
	E ADDRESS (Note: Legibly mark-up	with any corrections or	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.							
DICKSTEIN SHA 2101 L STREET N WASHINGTON, D		SHINSKY L								
					<u> </u>	(Depositor's name)				
				(Signature)						
					·	(Date)				
APPLICATION NO.	FILING DATE	1	FIRST NAMED INVI	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.				
09/966,592	10/01/2001		Akinobu Naka	bo	O3020.0269/P269	4001				
TITLE OF INVENTION: IC			-n I		T 2227					
APPLN. TYPE	SMALL ENTITY	ISSUE FE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE				
nonprovisional	NO	\$1330	1	\$300	\$1630 —	05/24/2004				
EXAM	INER	ART UNIT		CLASS-SUBCLASS						
PAIK, S	TEVE S	2876		235-451000						
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or						
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
		ow, no assignee da submitted under sep	ata will appear on to parate cover. Comp	•• /	assignee data is only appropri OT a substitute for filing an ass OUNTRY)	ate when an assignment has ignment.				
Omron Corpor			Kyoto,		•					
Please check the appropriate 4a. The following fee(s) are			. Payment of Fee(s)		Kcorporation or other private gr	roup entity government				
State Fee	onereseu.	40	_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	mount of the fee(s) is e	nclosed.					
Publication Fee				lit card. Form PTO-203						
Advance Order - # of Copies Ten (10) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1073 (enclose an extra copy of this form).										
Director for Patents is reques	sted to apply the Issue Fee ar	nd Publication Fee	(if any) or to re-app	oly any previously paid	l issue fee to the application ide	entified above.				
(Authorized Signature)	por -	(Date)	_							
Thomas J. D'Am			5/24/04							
other than the applicant; a	Publication Fee (if require a registered attorney or ago cords of the United States Pa	ent; or the assigne	n I	DIRETA2 00000184 09966	Foo					
This collection of informal obtain or retain a benefit happlication. Confidentiality estimated to take 12 minute completed application for case. Any comments on suggestions for reducing the Patent and Trademark C 22313-1450. DO NOT S SEND TO: Commissioner	Athering, preparing, I vary depending the equire to complet to the Chief Informof Commerce, A TED FORMS TO	nation is required to PTO to process) at 4. This collection it, and submitting the upon the individuate this form and/onation Officer, U.S. lexandria, Virgini THIS ADDRESS	01 FC:1501	1,	330.00 DP 300.00 DP 30.00 DP					

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Understhe Page 18 K Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 Effective 10/01/2003, Patent fees are subject to annual revision.				Complete if Known						
								09/966,592-Conf. #4001		
				Filing Date			October 1, 2001			
				First Named Inventor			Akinobu Nakabo			
				Examiner Name			S. S. Pai	k		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2876						
TOTAL AM	OUNT OF PAYMENT (\$) 1,660.00		Attorney Docket No. O3020.0269/P269							
METH	IOD OF PAYMENT (check all that apply)	Ī	FEE CALCULATION (continued)							
Check	3. A	3. ADDITIONAL FEES								
X Deposit	Account:									
Deposit	24.42	Large Fee	Entity_		all Entity	_				
Account Number 04-1073			Fee (\$)	Fee Cod			Fee Desc	cription	Fee Paid	
Deposit	Dickstein Shapiro Morin &	1051	130	205	1 65	Surcharge -	- late filing fe	e or oath		
Account Name	Oshinsky LLP					-	-	onal filing fee or cover	·	
The Director I	s authorized to: (check all that apply)	1052	50	2052	2 25	sheet.				
X Charge fe	ee(s) indicated below X Credit any overpayments	1053	130	1053	3 130	Non-English	Non-English specification			
X Charge a	ny additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2 2,520	For filing a re	equest for ex p	parte reexamination		
Charma fo	no/a) indicated below assent for the filling for	1804	920*	1804	4 920*	Requesting Examiner a		of SIR prior to		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			1,840*	1805	5 1,840°	Requesting	publication of	of SIR after		
	1251	110	225	1 55	Examiner a Extension for	ction or reply withii	n first month			
FEE CALCULATION 1. BASIC FILING FEE			420	2252	2 210	Extension for	or reply within			
Large Entity	Small Entity	1253	950	2253	3 475	Extension for	or reply within	n third month		
Fee Fee Code (\$)	Fee Fee Paid Code (\$)	1254	1,480	2254	4 740	Extension for	or reply within	n fourth month		
1001 770	2001 385 Utility filing fee	1255	2,010	2255	5 1,005	Extension for	or reply within	n fifth month		
1002 340	2002 170 Design filing fee	1401	330	240	1 165	Notice of Ap	opeal			
1003 530	2003 265 Plant filing fee	1402	330	2402	2 165	Filing a brie	f in support o	of an appeal		
1004 770	2004 385 Reissue filing fee	1403	290	2403			oral hearing			
1005 160	2005 80 Provisional filing fee	1451 1452	1,510	1451 2452			•	olic use proceeding		
	SUBTOTAL (1) (\$) 0.00	1453	110 1,330	2452			evive – unav evive - uninte			
2 EVTDA (1501	1,330	2501			fee (or reissi		1,330.00		
Z. EXINA	CLAIM FEES FOR UTILITY AND REISSUE	1502	480	2502		Design issu	Ţ	,	1,000.00	
Total Claims	20 -20** = x = 0.00	1503	640	2503		Plant issue				
Independent	3 -3** = x = 0.00	1460	130	1460			the Commiss	sioner	$\overline{}$	
Claims L Multiple Depend		1807	50	1807				CFR 1.17(q)		
· · · · I		1806	180	1806		_		on Disclosure Stmt		
Large Entity Fee Fee	Small Entity Fee							ssignment per		
Code (\$)	Code (\$) Fee Description	8021	40	8021	1 40	property (tin	nes number d	of properties)		
	2202 9 Claims in excess of 20 2201 43 Independent claims in excess of 3	1809	770	2809	385	(37 ČFR 1.1	129(a))	final rejection		
1	2203 145 Multiple dependent claim, if not paid	1810	770	2810	385		Iditional inver 37CFR 1.129			
1204 86	2204 43 ** Reissue independent claims	1801	770	2801	1 385	Request for	or Continued Examination (RCE)			
1205 18	over original patent 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900		expedited example expedited ex	xamination		
and over original patent			. , '		8001;	of a design application Printed copy of patent w/o color; Publication				
	Other	Other fee (specify)		1504 fee for early publication		, voluntary, c	or normal	330.00		
	*Redu	iced by E	Basic I	Filing Fee		SUBTO	TAL (3) (\$)	1,660.00		
**or number p	<u> </u>									
SUBMITTED B		(Complete (if applicable))								
Name (Print/Type) Thomas J. D'Amico			ration No ey/Agent)		8,371		Telephone	(202) 828-2232		
Sianature					-		Date	May 24, 2004		